



IN THE U.S. PATENT AND TRADEMARK OFFICE

October 24, 2003

Commissioner of Patents and Trademarks
Washington, D.C.
United States
20231

OFFICIAL

IN RE APPLICATION: **ERGONOMIC HANDLE**
APPLICATION NO.: **09/425,743**
FILING DATE: **10/22/99**
APPLICANT: **VAES**
PRIMARY EXAMINER: **GARY GRAHAM**
OTHER EXAMINER:
ART UNIT: **1744**
DOCKET NO.: **300P4**

RECEIVED
CENTRAL FAX CENTER
OCT 24 2003

Certification of Facsimile Transmission

I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office TO
FAX NUMBER : (703) 872-9310 on the date shown below.

PENNY FEDE
PRINT OR TYPE NAME OF PERSON
SIGNING CERTIFICATE

Penny Fede Oct 24 2003
SIGNATURE: DATE

Dear Sir:

RESPONSE TO REQUEST FOR ADDITIONAL FEES

DATED: OCTOBER 10, 2003

We are in receipt of and thank you for your letter dated October 10, 2003 in which you have indicated that an additional fee of \$145.00 is now due for multiple dependent claims that are present in the application. Please find enclosed USPTO 2038, Credit Card Payment Form in the amount of \$145.00 as requested by the Examiner to cover the additional multiple dependent claims.

10/27/2003 SSANDARA 00000002 09425743

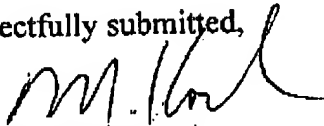
01 FC:2203

145.00 0P

1

We now submit that the application is in a condition of allowance and look forward to receiving your reply.

Respectfully submitted,



Mark Koch (44,448)

MAK:pf

Encl.

F:\WPMARK\PAT\300p4usofa7.wpd

RECEIVED
CENTRAL FAX CENTER
OCT 24 2003

OFFICIAL